FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **P92000012709 (1)**1. Corporation Name

00.10					
Principal Plac	be of Business	Mailing Address		- I ADDINDAN BIO TONIO NIDIN DONIN BORRI DO	IN OOTEL MATO HEN 1001 GENTE 1864 LOOF
200 E BROWARD BLVD STE 1125 FT LAUDERDALE FL 33301 US		200 E BROWARD BLV 1125			
		FT LAUDERDALE FL 33301 US		3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 04/18/1995
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0375337	Applied For Not Applicable
Suite, Apt	♯. etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Sta 23	le	City & State		Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees
∠η: 24	Country 25	Zip 29	Country 30	This corporation has liability for inta- Florida Statutes Yes Yes	
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	Istered Agent
			81 Name		
	Man, andrew Town center RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
#801 BOCA	RATON FL 33486		83		<u> </u>
BOOK	DATON FL 30400		84 City		E 85 Zip Code
or registe familiar v		Ilorida. Such change was authori.	red by the corporation's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin	
SIGNATURE	Signature, typast or printed name of registered	agosit and tric it applicable (N	OTE: Rugistered Agont signatura require	d when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
THLE	VSTD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	ZWICK, DAVID	TF 444P	1.2 NAME		
STREET ADDRESS		HE 1125	1.3 STREET ADDRESS		
CHY ST ZIE	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TiftE	PD COHEN, TODD	☐ DELETE	2 1 TITLE		Change Addition
NAME:	OWN E BOUMADD BIND O	TC 1105	2.2 NAME		
STREET ADDRESS	FT LAUDERDALE FL	HE 1123	23 STREET ADDRESS		
CHY-S'-7P	TT DOODINAL TE	☐ DELETE	24 CHY-ST-ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		C cyloride C Modition
STHEFT ADDRESS			3.3 STREET ADDRESS		
CHY ST ZIP			3.4 CITY - ST - ZIP		
THEF		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAMI			4.2 NAME		
STREET ADDRESS	5		4 3 STREET ADDRESS		•
CHY+ST-ZIP			4.4 CiTY - ST - ZIP		
10115		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY ST ZP		The second secon	5 4 CHY-SI-ZIP		F-1 Ob
THEF		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STEEF LADDRESS	5		6 3 STREET ADDRESS		
011Y - S1 - ZIP	phy partily that the information of the	fied with this films is unfortarily for	6 4 CITY - ST - ZIP	for the exemption stated in Section 119.07	7/3)/lk) Florida Statutes 1 further
certify the oath; the appears	nat the information indicated on this at I am an officer or director of the sin Block 12 or Block 13 if changed	annual report or supplemental an orbitation or the receiver or total or on an all comment with an add	nual report is true and accura ee empowered to execute th dress.	for the exemption stated in Section 119.07 ate and that my signature shall have the sa is report as required by Chapter 607, Flori	ame legal effect as if made under da Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 305-356-033